



Texas State Board of Dental Examiners

333 Guadalupe Street, Tower 3 Suite 800

Austin, Texas 78701-3942

(512) 463-6400 / Fax: (512) 463-7452

2x2 Passport Photo
Required

PLACE HERE

Dental Assistant Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Select the application type and submit the appropriate fee(s). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Tower 3 Suite 800 Austin, TX 78701. A 2x2 passport photo is required. Check (✓) all certificates in which you are applying for.

☐ Initial Application (1st time applying)

☐ I have previously held a Dental Assistant permit and now reapplying.

☐ X-Ray: \$36

☐ Nitrous Monitoring: \$12

Military Active Duty, Veteran, & Spouse: NO FEE:

☐ Active Duty**

☐ Veteran**

☐ Active Duty Spouse**

**** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social Security #*:		Date of Birth: MM / DD / YYYY	
Last Name:	First Name	Middle	
Current Address:	City	State	Zip
Permanent Address:	City	State	Zip:
Work Address:	City	State	Zip
Preferred mailing address: (preferred address will be made available to the public) <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Work			
Daytime Phone #:	Email Address:		
<small>*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.</small>			

State Licensure/Registration: List all state(s) and/or jurisdiction in which you have ever held a Dental Assistant Permit/Registration

State: _____ Number _____ Issue Date _____ Disciplinary Action: _____ Yes or _____ No

State: _____ Number _____ Issue Date _____ Disciplinary Action: _____ Yes or _____ No

Employer Information: All fields are required. You may enter N/A if an area does not apply to you.

Are you currently employed in a dental office?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dentist Name	Dentist License #:	Phone Number	
Address	City	State	Zip
Business Email			
Do you work for a dental corporate practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the name and locations. You may attach another sheet if necessary.			

Education Information: All Fields are required. Failure to attach and submit a copy of the required document is considered an incomplete application and will delay your process.

Have you successfully graduated from an accredited high school or completed a high school equivalency, General Equivalency Diploma (GED)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a Dental Assisting National Board (DANB-CDA) certification? If, "YES" please attach a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you hold a current DANB CDA certification and are using this as proof of an approved TSBDE course, have you completed the Texas Jurisprudence Assessment? If, "YES", please attach a copy of the completion certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a current Basic Life Support (BLS) CPR certification? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you completed an approved TSBDE Dental Assistant course within the past three (3) years? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you completed an approved TSBDE Nitrous Monitoring course within the last five (5) years? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Background Questions: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license/registration refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever voluntarily surrendered any professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you been the subject of disciplinary action not yet reported to the TSBDE? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever been the subject of disciplinary action by any other licensing agency with regard to any other professional license (not including TSBDE)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Are you currently under investigation by any licensing jurisdiction? If YES, where and when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever been arrested, charged, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer "YES", you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES , in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are you currently abusing or addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dental Assistant in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of permit requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for a permit

Applicant's Signature

Date

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

Notary Signature

(Seal)

Applying for the First Time?

- Submit a fully completed Dental Assistant application and fee. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport photo
 - Your head must face the camera directly with full face in view
 - You must have a neutral facial expression or a natural smile, with both eyes open.
 - Use a plain white or off-white background.
 - Be sized correctly
- Proof of Graduation from an accredited high school or proof of certificate of high school equivalency, General Equivalency Diploma (GED);
- Fingerprint submission for the retrieval of criminal history record information – This information will be emailed to the applicant once a completed application has been received. Once you have completed the fingerprint session, applicants will be required to email a copy of their receipt to licensinghelp@tsbde.texas.gov.
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification.
- Copy of your DANB CDA Card (if you hold this card). If you are submitting a DANB card, please note you are also required to complete the Texas Jurisprudence Assessment. The assessment must have been taken within one year prior to submitting your application.
- Copy of your RDA Course Completion Document.
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

Has your Dental Assistant Permit canceled?

- Submit a fully completed Dental Assistant application and fee. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport photo
 - Your head must face the camera directly with full face in view
 - You must have a neutral facial expression or a natural smile, with both eyes open.
 - Use a plain white or off-white background.
 - Be sized correctly
- Proof of Graduation from an accredited high school or proof of certificate of high school equivalency, General Equivalency Diploma (GED);
- Fingerprint submission for the retrieval of criminal history record information – This information will be emailed to the applicant once a completed application has been received. Once you have completed the fingerprint session, applicants will be required to email a copy of their receipt to licensinghelp@tsbde.texas.gov.
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification.
- Copy of your DANB Card (if you hold this card). If you are submitting a DANB card, please note you are also required to complete the Texas Jurisprudence Assessment. The assessment must have been taken within one year prior to submitting your application.
- Copy of your RDA Course Completion Document. **Must have been completed within the last 3 years of applying.**
- National Practitioner Data Bank (NPDB) Self-Query Report. *The report results must remain in its original sealed envelope.* NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- Since you have previously held a RDA registration and need to reapply, you must also submit a self-query report from the American Association of Dental Boards (AADB). This report result must remain in the original sealed envelope. Do not mail TSBDE a copy or an opened query. You will only further delay your process. You may contact the AADB at (312) 440-7464 or at <http://dentalboards.org/clearinghouse/>.

Application Process: Once your application has been approved, please allow 7-10 business to receive your certificate in the mail.

- Applications are processed in the order received. Your payment will be processed before your application is reviewed. The estimated processing turnaround time is 3-4 weeks. Applicants with a criminal history or disciplinary action may expect a longer processing time.
- Incomplete applications will not be processed and will be returned to the applicant.
- Please allow 2 weeks before contact the Licensing Division requesting a status of your application.
- If you change your address after submitting your application, email licensinghelp@tsbde.texas.gov immediately and provide your full name, the type of application you mailed to the TSBDE, the last four (4) numbers of your Social Security Number along with your new mailing address.
- Once the application has been approved, the initial, staggered registration period will range from 18 months to 30 months. The length of the initial registration period will be determined by the registrant's birth month, but will not be less than 18 months.

Continuing Education (CE) Requirements: Rule 114.2(4) Up to 6 hours of continuing education may be carried forward from the year preceding the current renewal period

During your first year of registration you are exempt from completing continuing education. You should begin to collect your continuing education hours after your first renewal.

- 12 hours are required if you hold two or more certificates
- 6 hours are required if you hold one

Continuing education must be related to the duties of a dental assistant. Acceptable CE can be self-study, interactive computer courses, or classroom lecture courses.

Nitrous Monitoring Requirements Checklist: If you will be submitting this application for both X-Ray and NOM, both AADB and NPDB self-query reports are required.

- Submit a fully completed Dental Assistant application and fee. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification.
- Copy of your Nitrous Monitoring Course Completion certificate. Must have been completed within the past 5 years of submitting your application.
- National Practitioner Data Bank (NPDB) Self-Query Report. *The report results must remain in the original sealed envelope.* NPDB self-query reports are valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- American Association of Dental Boards (AADB). This report result must remain in the original sealed envelope. Do not mail TSBDE a copy or an opened query. You will only further delay your process You may contact the AADB at (312) 440-7464 or at <http://dentalboards.org/clearinghouse/>

Reminders: You cannot apply for Nitrous Monitoring online. You must submit a paper application. A Nitrous Monitoring permit does not require an activation process. Once approved, you will receive your certificate within 7-10 business days in the mail.

Guidance on Dental Assistant Certificates Pit and Fissure Sealant and Coronal Polishing

Though the Board will no longer issue dental assistant certificates in pit and fissure sealants or coronal polishing, it is the responsibility of the delegating dentist to ensure that the dental assistant has completed approved courses in coronal polishing and/or pit and fissure as stated in Rule 114.3 and 114.5.